This practicum paper discusses the development, evaluation, and revision of a student sex education syllabus at American River College (California). The syllabus is intended to provide an alternative learning format to the traditional lecture format. After a review of the literature, it was decided to use a fill-in or sentence completion format for the syllabus. Then the following key topics were identified: (1) male and female reproductive systems, (2) birth control methods, (3) sexually transmissible diseases, (4) growth and development, (5) the right to be well born, (6) birth disorders, and (7) abortion. Learning objectives were defined for each topic, and main terms and concepts identified. Finally sentences encompassing objectives, concepts, and terms were developed and rewritten with blanks for key words and phrases. The first draft of the syllabus was evaluated by two experts at the College and changes were incorporated into the final draft. Literature review findings are discussed concerning the need for sexual information, the uses of supplemental materials, the effectiveness of these materials, alternative learning styles, and different models. The paper concludes with discussions of the implications and recommendations based on the American River College experience. It is concluded that the development of the student syllabus was a major improvement of the student learning process that existed in health science taught at American River College. The appendix (comprising two-thirds of the report) contains the Health Science Sex Syllabus itself which is intended to be used with the course textbook. Contains 28 references. (GLR)
DEVELOPMENT OF A SEX EDUCATION SYLLABUS FOR HEALTH SCIENCE AT AMERICAN RIVER COLLEGE

EMERGENCE OF HIGHER EDUCATION IN AMERICA

by

Michael L. Rasler, M.A.
American River College

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A Practicum Report presented to Nova University in partial fulfillment of the requirements for the degree of Doctor of Education

Nova University
February, 1993

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Abstract of a Practicum Report Presented to Nova University in Partial Fulfillment for the Requirements for the Degree of Doctor of Education

THE DEVELOPMENT OF A SEX EDUCATION SYLLABUS FOR HEALTH SCIENCE AT AMERICAN RIVER COLLEGE

by

Michael L. Rasler, M.A.

February, 1993

Health Education 1 is a course taught at American River College (ARC) which fulfills the requirements for graduation. Since most college students are still learning about their sexuality and trying to link what they have heard and read with their own experiences, there is a need for specific supplemental materials in the area of sexuality.

The major purpose of this study was to develop a Sex Education Syllabus for Health Education 1 (Syllabus) at American River College. Since the student body of ARC is diverse, the desired outcome was to offer an alternative learning method that accommodates diverse learning styles and enhances student opportunities for success.

The literature supports the benefits of having a structured study activity designed to guide students in
their endeavor to learn concepts of a specific topic or textbook discussion (Hayes, 1989).

The Syllabus was developed after a review of the literature was conducted to locate a conceptual and systematic framework that could be adapted for use in Health Education 1 at ARC. A fill-in or sentence completion format was developed following the Iowa State University model (1985).

A first draft of the framework was developed and disseminated to senior staff members for their evaluation and recommendations. The evaluation input was then incorporated into the development of the final draft.

Moreover, it was the intent of this study to formulate a syllabus that would be reviewed, evaluated, revised and adopted by the Learning Resource Center (LRC) for use by health science students using the LRC. It was also recommended that the syllabus be revised and improved annually based on faculty and student input.
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SEX EDUCATION SYLLABUS                                                  32
Chapter 1

INTRODUCTION

Background and Significance

Health Education 1, a concentration in the specialization of Higher Education for which Nova University grants the degree of Doctor of Education, has a concern with diversity and how alternative learning methods can enhance student success.

Health Education 1 is a course offered at American River College (ARC) that fulfills the requirements for graduation. The basic purpose of health science is to assist learners toward the broad understanding and appreciation of health education issues. While introductory courses in health science provide some course materials for students, there are no supplemental materials specifically designed for the study of sexuality.

The Health Education 1 course has 11 learning outcomes. Six of the outcomes deal directly with understanding sexuality. Since most college students are still learning about their sexuality and trying to link what they have heard and read with their own experiences, there was a need for specific supplemental materials in the area of sexuality.
The student body of ARC is diverse, consequently the problem was to offer an alternative learning method that accommodates diversity and enhances student opportunities for success.

Purpose of the Investigation

The purpose of this practicum was to develop a student syllabus dealing specifically with the topic of sexuality for health science at American River College. The intent is to provide information in a manner other than the traditional lecture style delivery system (Deegan and Tillery, 1985). The student would become an active learner not merely a recipient of knowledge, but one who can shape his/her success and is involved in the learning process. The division leader for the Department of Science, American River College, K. B. Do (personal communication, October 1, 1992), recognized the problem by saying, "There is no current syllabus dealing with the subject of sexuality prepared for health science and I would support the development of a sex education syllabus and its inclusion into the Learning Resource Center (LRC)."
Research Questions

The research questions answered in this practicum were:

A. What curricular model may be used to guide the development of the syllabus?

B. What are the elements that will comprise the sex syllabus?

C. How may this syllabus be evaluated?
Chapter 2
REVIEW OF THE LITERATURE

There was a need for the use of supplemental course materials such as a sex syllabus. This syllabus provided an alternative learning method in order to accommodate various learning styles.

Need For Sexual Information

The conflicting messages and information people receive about sex can be confusing, but knowledge about the body's sexual anatomy and functioning is vital to a healthy life (Insel and Roth, 1991).

Probably no single behavior has more potential for upsetting a young person's life plans than sexual activity, yet many people leave contraception up to chance. More than 1 million unplanned teenage pregnancies in the U.S. every year testify to the confusion and ambivalence surrounding contraceptive use in the United States. The preventing of unintended pregnancy and sexually transmissible diseases is crucial to optimal health (Insel and Roth, 1991).

In addition, there is no single health issue that has commanded as much public attention in recent years as Acquired Immunodeficiency Syndrome (AIDS). This fatal, incurable disease currently ranks 15th as a cause of death among Americans and the AIDS epidemic is
considered the number one health priority in the United States (Insel and Roth, 1991).

**Fill-In Sentence Model**

The review of the literature identified three different models that could have potentially been used for the development of the health science syllabus.

A study at the University of Alabama/Birmingham compared adult asthma patients receiving a self-care workbook with those receiving only asthma pamphlets. The concept of a self-care workbook was examined, however, due to its clinical focus the model was not appropriate for a college health education course.

Pennsylvania State Department of Education, Harrisburg developed an instructional modular unit. Its purpose was to introduce the student to the structures and functions of the human circulatory system and to familiarize the student with some of the terms and concepts necessary for an understanding of the circulatory system. There were five instructional modules and each modular unit is made up of several components: pretests, post-tests, optional activities, and glossary of terms. However, the Health Education 1 course at American River College has an existing study guide and since the design of the modular model was
more like a study guide rather than an alternative
learning model, it was rejected.

The Iowa State University of Science and
Technology, Parent Education Workbook (1985) was chosen
as the model for the development of the framework of
the Sex Education Syllabus. The Iowa model was a two-
part student workbook which utilized the fill-in
format.

The two-part student workbook contains 12 units
intended to provide supplementary instruction in the
contemporary Patenting Choices Curriculum. The
workbook was intended to be used with the course
textbook and the other components of the Contemporary
Patenting Choices Curriculum.

The Iowa State Model was corroborated by earlier
manuals produced by the U.S. Department of Labor,
Occupational Safety and Health Administration (OSHA).
The two manuals (1975), entitled, "Principles and
Practices of Occupational Safety and Health," both
incorporated a "fill-in" format. The manuals were
comprised of multiple lessons each containing study and
review questions interwoven with the text.

Harriet Dohrmann (1976) developed a workbook
which was a part of a series, described the goals and
objectives of schools and classes for pregnant minors
and provided further reinforcement of a "fill-in" format for use with pregnant minors dealing with such topics as good nutrition, prenatal growth and development.

**Uses of Supplemental Materials**

Research studies have suggested several reasons why a syllabus may be beneficial. First, students often fail to learn because they do not know or study the pertinent course information as thoroughly as necessary (Anderson and Armbruster, 1980).

A second potential problem stems from the fact that students at all levels (but particularly less experienced students) seem to have difficulty assessing the level of their own knowledge. This observation along with recent empirical work (Glenberg, Wilkinson, and Epstein, 1982) suggest that many colleges lack the ability to effectively monitor their own level of understanding. A well-structured syllabus would provide the student with an alternative activity that would increase his/her chances of successfully meeting the course requirements.

According to Herber (1978), Tutolo (1977) and Vacca and Vacca (1989), within the last two decades, the usefulness of study guides has surfaced in the literature on health science education. Adjunct
instructional materials, according to Vacca and Vacca (1989), were designed to help simplify difficult textbooks which students might otherwise avoid using.

Carol Peterman (1989) addressed the valuable uses of study guides in health science courses and did an exploratory study on practicing teachers and their use of classroom study guides with varying content areas.

Peterman (1989:2) also stated that "while the majority of teachers used study guides as a way of guiding their students reading, the less experienced teachers were just as convinced that their purpose was to help students study for tests" (p. 2).

Barbara Wilks (1983) developed a study guide for the Georgia Teacher Certification Test in Health Education. However, her guide was specifically designed for individuals preparing to take the Georgia Teacher Certification Test (TCT).

Rye, J. A., et al. (1978), developed a Dietetic Education Program (DEP) based on Personalized Systems of Instruction (PSI) to train Community Nutrition Workers (CNW). The PSI are offered through self-paced and competency-based instructional modules. Some course modules were supplemented with textbooks appropriate to the subject matter. The mean course grade was 96%. 
Effectiveness of Supplementary Materials

Learning successfully from textbooks requires self-monitoring by readers (Brown, 1980) as well as selective, flexible use of information presented in textbooks (Spiro and Meyers, 1984).

Beth Davey (1986), in her article entitled, "The Use of Textbook Activity Guides to Help Students Learn from Textbooks," described how textbook activity guides emphasized active student involvement through cooperative learning and self-monitoring activities, which would include the use of vocabulary to aid students to become more effective readers of the textbook.

Beth Green (1990), in her article entitled "Using Study Guides," showed that the use of color coding in a study guide sustains student attention. In order to sustain student attention, the units that comprise the Sex Education Syllabus were color coded.

David Hayes (1989) studied the effectiveness of the analogical study guide, a structured study activity to accompany assigned reading. Hayes compared its learning outcomes with outcomes of two unstructured activities commonly assigned to accompany reading: essay writing and self-questioning.
Hayes found that superior prose-learning outcomes were carefully structured for the learner. In his article titled, "Directing Prose Learning with Analogical Study Guides," Hayes corroborated research done by Cohen (1987) which indicated increased student learning as a result of supplemental materials. Thomas Lovitt (1990) substantiated the positive effect of supplemental materials in teaching disabled students. He said, "When the teachers implemented supplemental materials in their classrooms student achievement increased" (p. 17).

**Alternative Learning Styles**

Considerable study has been focused on relationships between learning styles and other characteristics and conditions, such as teaching styles, achievement, student age and student gender. Mary Thompson (1991) conducted a study on two campuses of a comprehensive community college to measure the effect on course grades of the relationship between matched and mismatched teaching and learning styles.

Michael Galbraith (1987) studied the relationship between perceived learning style and teaching style of junior college educators. Galbraith reported on the relationship between the perceptual learning style and teaching style of 138 junior college educators.
Galbraith found that the instructors tended to teach the way they preferred to learn. Ed Haring (1985) corroborated Galbraith's findings. In his article titled, "Teaching and Learning Styles," Haring stated, "Instructors tend to prefer to teach the way they prefer to learn unless a conscious effort is made to do otherwise" (p. 173).

Haring concluded that teachers should understand their own teaching and learning styles to be able to modify their approach depending on the circumstances at hand. He said, "Instructors should make the instructional changes which allow students a better opportunity to learn and to be more responsible for their own learning" (p. 176).

Mary Mickler (1987) in her article titled, "Teaching Strategies Based on Learning Styles of Adult Students," described the effect of adjusting teaching methods to coincide with the learning preferences of students enrolled in a small predominantly black community college. Mickler revealed that students in the group in which teaching strategies matched learning styles had higher achievement gains than students taught with the lecture method.

Gerry Haukoos (1986) substantiated the positive effect of accommodating learning styles of minority
students (Native Americans) and their success in college-level biology courses.

Beverly Martin (1987) developed a learning-teaching styles scheme to improve teaching behaviors of college child development student interns. Martin implemented a teacher training program. The program goals were: (a) to design a learning styles training format for preschool teachers, (b) to provide teachers with factual information about modality-based learning styles theory, (c) to train teachers to analyze their own learning style patterns, and (d) to train teachers to assess their own teaching behavior. Evaluation data indicated that participants increased in awareness and sensitivity toward individual style patterns, increased in respect for diversity in others, showed flexibility and variability in classroom teaching behaviors, and understood basic concepts of learning.

The intent of the literature review was to ascertain information on: (a) the need for sexual information, (b) the uses of supplemental materials, (c) the effectiveness of supplemental materials, and (d) alternative learning styles.
Chapter 3

METHODOLOGY AND PROCEDURES

Problem Solving Methodology

The purpose of this investigation was to develop a Sex Education syllabus for Health Education 1 at American River College. The desired outcome was to offer an alternative learning method that accommodates different learning styles and enhances student opportunities for success.

Procedures

The syllabus was developed according to the following procedures:

First, a review of the literature was conducted to locate a curricular model that could be adapted to guide the development of the syllabus.

The Iowa State University of Science and Technology, Parent Education Workbook (1985) was chosen as the model for the development of the framework of the Sex Education Syllabus. The Iowa model provided 12 units intended to provide supplementary instruction and did so by using the fill-in format.

The review also demonstrated the importance of study aids, such as a syllabus, in the improvement of student success.
Second, the first draft of the syllabus was developed and consisted of the following topics: (a) Male and female reproductive systems, (b) birth control methods, (c) sexually transmissible diseases, (d) growth and development, (e) the right to be well born, (f) birth disorders, and (g) abortion. The topics chosen were taken from the course outline and supported by research (Planned Parenthood, 1986). Also, the topics were chosen due to their occurrence in the current course textbook and study guide, thus providing greater goal clarity and content consistency.

Third, the learning objectives were identified for each topic area. These learning objectives were taken directly from the health science study guide.

Fourth, the main terms were identified for each topic area. These key terms were taken directly from the health science study guide.

Fifth, the relevant concepts were identified for each topic area. These relevant concepts were taken directly from the health science study guide.

Sixth, sentences were developed which encompassed the learning objectives, main terms, and relevant concepts for each topic.

Seventh, key words or phrases were removed from the sentences and this was noted through the use of a
blank space so denoted by a hyphenated line so the student could fill-in the space provided with the correct answer.

Eighth, each unit in the syllabus was clearly identified with a title that corresponded with the same title in their text book and study guide. Each page was clearly numbered for easy reference.

Ninth, a cover page and table of contents were generated for the syllabus.

Tenth, instructions for how the student was to use the syllabus were developed.

Eleventh, the first draft was disseminated to two school experts in the Department of Health Education 1 (the department chairperson and a senior faculty member) at American River College for review and evaluation.

Twelfth, the evaluation input of those experts was incorporated into the final draft of the sex syllabus.

The final draft was submitted to the dean of learning resources for adoption and use in the LRC.
Chapter 4
RESULTS

The purpose of this investigation was to develop a sex education syllabus for Health Education 1 at American River College.

The review of the literature identified three different models that could have potentially been used for the development of the health science syllabus. However, after closer scrutiny of the models the Iowa State University of Science and Technology, Parent Education Workbook (1985) was chosen as the model for the development of the framework of the Sex Education Syllabus. The Iowa model used the fill-in sentence modality.

A first draft of the syllabus was developed and consisted of the following topics: (a) Male and female reproductive systems, (b) birth control methods, (c) sexually transmissible diseases, (d) growth and development, (e) the right to be well born, (f) birth disorders, and (g) abortion. These topics pertaining to human sexuality were chosen from the course outline, text book and study guide. The completed syllabus consisted of 58 pages of study.
The learning objectives for each of the topic areas were identified. The seven topic areas had a total of 30 learning objectives.

The main terms for each topic area were gathered. The seven topic areas generated a list which included 140 different terms. The list of terms were incorporated into the construction of the sentences utilized in the syllabus. In some cases, the term or terms were used as the answer for the incomplete sentence.

The relevant concepts were identified for each topic. The seven topic areas generated a total of 38 relevant concepts. Many of the relevant concepts were incorporated into the construction of sentences used in the syllabus.

Thus, the sentences included in the sex education syllabus were developed and focused on the learning objectives, main terms, and relevant concepts for each of the seven topic areas.

The sentences were then scrutinized and the decision was made to remove key words or phrases and to so indicate there removal by substituting a hyphenated line.
Each topic in the syllabus was identified with a title that corresponded to the textbook and study guide.

The student was then instructed to refer to his/her textbook and study guide, locate the key concept under consideration and fill-in the missing information in the blank provided.

Students were also instructed and encouraged to take responsibility for managing their own learning and to collaborate together to complete the concepts for each topic represented in the syllabus.

The first draft was disseminated to the department chairperson and a senior science instructor at American River College for their review and evaluation.

The evaluation input and of these experts was incorporated into the final draft of the syllabus.

The final result was to offer an alternative learning method that accommodates diverse learning styles and enhances student opportunities for success.
Chapter 5
DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Discussion

The purpose of this practicum was to develop a student syllabus dealing specifically with the topic of human sexuality for use in the teaching of health science at American River College.

The syllabus provided information in a manner other than the traditional lecture style delivery system. Since the student body of ARC is diverse, the sex syllabus offered an alternative learning method to accommodate diverse learning styles and enhance student opportunities for success.

The literature supports the benefits of having a structured study activity designed to guide students in their endeavor to successfully learn concepts of a specific topic or textbook discussion (Hayes, 1989). Also, instructors who adjusted their teaching methods to coincide with the learning diversity of college students had higher achievement gains than students taught with solely the lecture method (Mickler, 1987).

The preliminary draft of the syllabus was evaluated and revised. The final draft was prepared
based on valuative input from selected health science specialists at American River College.

Conclusions

The development of a student syllabus was a major improvement of the student learning process that existed in health science taught at American River College.

The syllabus was developed to provide an alternative learning method to the traditional lecture style delivery modality and to address the diversity of learning styles of ARC’s student body. The desired outcome of the syllabus was to maximize student success by providing an alternative learning method to the health science curriculum. The input from students who use and critique the guide will continue to build upon the strengths of the syllabus.

Implications

The syllabus has implications for the health science curriculum at American River College. Various curriculum-related issues have emerged as a result of this study.

In his article titled, "Learning Styles of Minority Students and Their Application in Developing a Culturally Sensitive Science Classroom," Gerry Haukoos (1986) documented the positive effect of accommodating
learning styles of minority students (Native Americans) and their success in college level courses.

The department chairperson of Health Education 1 at American River College recommended that the syllabus be made available to all department faculty members and presented to the faculty curriculum committee for their information, perusal and possible adoption.

Recommendations

As a result of this practicum, the following recommendations are presented:

1. It is recommended that the Department Chair of Health Education 1 at American River College adopt the study guide and make it available to other faculty members for their perusal as a reference and possible use in their respective teaching assignments.

2. It is recommended that the syllabus be presented to the dean of the Learning Resource Center for adoption.

3. It is recommended that the syllabus be field tested in the Health Education 1 course at American River College during the Fall 1993 semester.

4. It is recommended that following the field-test of the syllabus, that the results be...
used to determine whether consideration be given in formally adopting the syllabus into the health science curriculum.

5. It is recommended that the syllabus be revised and improved annually.

6. It is recommended that students have the opportunity to evaluate the syllabus on a continuing basis and student input be used to revise and update the document.

7. Finally, it is recommended that the syllabus be studied to see if its use increased student learning in health science using an experimental approach.
REFERENCES


APPENDIX

Health Science Sex Syllabus

HEALTH SCIENCE

A SEX SYLLABUS FOR THE COLLEGE STUDENT

by

Michael L. Rasler, M.A.

SCIENCE DEPARTMENT

AMERICAN RIVER COLLEGE

1993
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PREFACE

Health Science 1 is a course taught at American River College (ARC) which fulfills the requirements for graduation. Since most college students are still learning about their sexuality and trying to link what they have heard and read with their own experiences, the Sex Education Syllabus for Health Science was developed.

About this Syllabus

The purpose of this syllabus is to provide information in a manner other than the traditional lecture style delivery system (Deegan and Tillery, 1985). Considerable study has been focused on relationships between learning styles and other characteristics and conditions, such as teaching styles, and achievement. Thus, the desired outcome of the syllabus is to offer an alternative learning method that accommodates different learning styles and enhances student opportunities for success.

Instructions to the Student

This syllabus is intended to be used in conjunction with the course text book and study guide. Locate the key concept under consideration and fill-in the missing information in the blank provided. You are
encouraged to collaborate with other students to complete the concepts for each topic represented in the syllabus.
MALE REPRODUCTIVE SYSTEM

TESTES ( )

A. Undescended Testes

1. Suppose to descend between the ________ and the ________ month of ________ life.

2. If not, surgery between ________ and ________ years.

B. Functions:

1. Produce the male: _____________________________

   a. ___________________________ produced in ___________________________.

   b. ________% of sperm are deformed, caused by: ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________.

   c. Two types: ___________________________, ___________________________.

   d. Sperm ________ ruptures with extreme force and spills out the ________.

   e. ________ million and under = ___________________________.


Unless wife is incredibly
______________________

f. _______ to _______ million =
average________________________.

g. Only _______ hundred sperm reach the
egg ______________________it to help thin
membrane to aid ____________________

h. Produces: ______________________,
specifically____________________
directly into the __________which
causes ______________________
sex ______________________: For
example:
1). ______________________
2). ______________________
3). ______________________
4). ______________________
5). ______________________
6). ______________________

EPIDIDYMIS:

A. Tightly _______________ tubes barely visible
to the________________________ eye, and yet it is
approximately _______________ feet in
________________________.

B. Location: ________________________
C. Function: ___________________________________________.

_____________________________________________________

VAS DEFERENS:
A. Also called __________________________ duct.
B. A tube that_______________________________.

1. __________ inches long.
C. Function: ________________ sperm.

EJACULATORY DUCT:
A. Short tube which ________________ through
   middle of the __________________________ gland and
   terminates in the ___________________________.

URETHRA:
A. A small tube leading from the _________________.

_____________________________________________________

B. It is _________ inches in length.

SEMINAL VESICLE:
A. Location: _________________________________

_____________________________________________________

B. Functions:
   1. _________________________________.
      a). ________________________________ twenty
          minutes then_____________________.

PROSTATE GLAND:
A. Size: ___________________
B. In Greek it means __________ of the bladder.

C. Location: ____________________________.

D. __________ passes directly through this gland.

E. Older men suffer from an ______________ of the ______________ gland often causing a squeezing off of the ________________.

F. When removed:
   1. Often results in ____________________.
   2. And ____________________ where this is a leaking of ____________________.

G. New surgery:
   1. Called ___________________________ T.U.R.

H. Reduces __________________________ versus abdominal surgery.

I. Functions:
   1. Adds a thin __________________________
      secretion to the ______________ in order
to __________ the ______________ from the __________________________ present in the________________________ urethra and
      __________________________.

COWPERS GLAND:
A. Sometimes called the ______________ gland.

B. Size and shape of a ________________.
C. Location: ____________________________.

D. Function: ____________________________.

SCROTUM:
A. Divided into __________ by a ____________.

B. Regulates temperature to about _______ degree.
   1. Sometimes referred to as the ____________ of the ____________ system.
   2. If temperature too hot scrotum will ____________.
   3. If temperature too cold scrotum will ____________.

PENIS:
A. Composed of ____________________________ which resembles a ____________________ in function.

B. Functions:
   1. ____________________________.
   2. ____________________________.

CIRCUMCISION:
A. Definition: ____________________________.

B. Benefit: ____________________________.

C. Studies show that women married to ______________ have a ____________ incidence of ______________ cancer.
HERNIA:

A. Definition: ______________________________.
FEMALE REPRODUCTIVE SYSTEM

OVARIES

A. Become activated at ____________ (between 12 & 14 yrs. of age) by ________________ from the Pituitary gland.

B. Ovaries produce ______________ or many ______________.
   1. Surrounded by 2 ______________ penetrated only by an ______________ located in the ______________ head.
   2. ______________ changes makes the ______________ impermeable to other ______________.

C. The ovaries ______________ each month in producing an ______________.

D. The ovaries are located about _____ to _____ inches below the ______________.

E. The ovaries are about the size of an ______________.

F. Ova are smaller than a ______________ and yet they are the ______________ cell in the human body.

G. The ovaries produce many hormones however ______________ and ______________ are the two main ones.
   1. These hormones cause what's known as the ______________ sex ______________.
2. The following are some characteristics:
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

H. The name of the process where the ovaries secrete an ova is called ______________________.
   1. It's ____________________ when women are ___________ of their own ovulation.

I. The ovaries have a major impact ______________________
   ________________________________________________.

OVIDUCTS

A. Also called ______________________ tubes.

B. Attaches to the ______________________ of the ______________________.

C. They are about ______ to ______ inches in length.

D. Function:
   1. __________________ ovum with ____________,
      creating a __________________ current.
      towards the ______________________.

   2. The cilia compared to the ovum are like __________________________.

E. ______________________ takes place here.
1. _______________ pregnancies sometimes occur in the tube.

F. Finger like projections above the ovary are called _______________.

1. Activated by _______________ at the time of _______________.

UTERUS

A. In Latin means _______________ or _______________.

1. Womb for rent _______________.

B. Function:

1. _______________ or the sloughing or shedding of the uterine lining.
   a. Average blood loss between _______________ and _______________.

2. Deficiencies in _______________ and _______________ can cause cramps.

3. Menopause usually starts between ___________ and ___________ years of age.

4. _______________ houses the child for 9 months.

5. _______________ eviction process of child from uterus.

6. Located between the _______________ and the _______________.


7. Approximate shape ___________________.
   a. _____ at the top narrow at the ____.

8. Expands to the ____________________
   ________________________________.

9. Endometrium ____________________

10. ______ degree able in relation to the 
vagina is normal.

CERVIX
A. In Latin it means ____________________.
B. 1/2 inches projects into the ____________.
C. The opening is the size of a ____________,
   and yet will expand to between _____ to _____
   centimeters (sonameters).
D. __________________________ cervix is when the
   muscles to __________ to hold the pregnancy
   and at __________ can cause ____________.

VAGINA
A. In Latin it means ____________________.
1. Definition:
   ________________________________.
B. Approximately ________ to ________ inches in
   length.
C. Contains small ________________ that produce
   a ________________ and ________________
   fluid.
D. Located between the ________________ and the ________________.

E. Normally ________________ to protect against ________________.

HYMEN
A. Located near the ________________ opening of the ________________.

B. Function: ________________.

URETHRA
A. Located just above the ________________ and below the ________________.

B. After intercourse women should ________________ in order to prevent a ________________ infection.

CLITORIS
A. Location: _______ inches above ________ opening.

B. Function: ________________ stimulation.

LABIA MAJORA AND MINORA
A. Function: ________________ infection.

B. Location: ________________ vagina.

VAGINITIS
A. Main type is called a ________________ infection.
1. __________ is a __________, which is always present in the __________, in ______________ harmless quantities.

B. Causes
1. ________________
2. ________________
3. ________________
4. ________________
5. ________________

All these chemicals kill the ________________ thus allowing the ________________ to grow unchecked.

C. Symptoms:
1. ________________
2. ________________
3. ________________
4. ________________
5. ________________

D. Prevention:
1. ________________ to absorb ________________ moisture which will ________________.
2. No ________________.
3. No ________________.
4. Most women experience _______________ in their lifetime.

PREMENSTRUAL SYNDROME (P.M.S.)

A. Symptoms
   1. Occur every _______________ prior to
      the _______________ of her
      _______________ and _______________ when
      she starts.

B. More common as _______________.

C. If have a _______________ the symptoms
   can continue.

D. Symptoms may _______________ worse after starting
   the _______________ pills or
   they may improve.

E. There are no symptoms which are
   _______________.
   1. In fact there are over _______________ symptoms
      can have been associated with P.M.S.

F. Most common symptoms include:
   1. _______________.
   2. _______________.
   3. _______________.
   4. _______________
G. Any __________________ or________________________ problems a woman has may get __________________ before a woman's ___________________________.

H. Treatment:
1. Avoid ___________________________.
2. Eat ___________ times a day rather than ___________.
3. Avoid ___________________________.
4. Keep intake of ___________ and ___________ to a ___________________________.
5. Exercise should be __________________________ for ____________________________ minutes ___________ times a week. For example:
   a. ___________________________.
   b. ___________________________.
   c. ___________________________.
   d. ___________________________.
6. Always seek professional ___________ care.

Toxic Shock Syndrome
A. Occurs in association with type of bacteria called ____________________________ aureus.
B. Staphylococcus is normally found on the __________ and in the ________________.

C. __________________ produced by the staph infection are thought to be ____________ into the ________________ and cause the syndrome.

D. Symptoms

1. Begin with a __________ frequently above __________ Fahrenheit.

2. A rash resembling a ______________ appears during the first _______ days and is often followed ______ to _______ days later by ______________ skin, usually on the ______ and__________________.

3. In severe cases the illness is characterized by a rapid drop in ______________ often resulting in __________________.

4. Occurs most frequently in ______________ menstruating women.

5. Cases have resulted from use of_____________ and ______________ left in place for ____________________

6. Tampons produce conditions in the vagina which enable the ______________ to grow. The ______________ then can ___________________ the vagina allowing the
produced by the to be.

E. Treatment
1. ________________ and may require ________________ care.
2. Most recover in ______ to ______ days.
   a. However, it can continually ________, and in ______ out of ______ it does.
3. ________________ fatality.

F. Prevention:
1. Women between ages _____ and _____ are at high risk if they use ________________.
2. If use tampons use ________________ day and never leave in place for over ________ hours or more.
   a. Thus never use during ________________.
3. Avoid ________________ tampons.
FEMALE REPRODUCTIVE ORGANS

FRONT VIEW

SIDE VIEW
CONTRACEPTION/STERILIZATION METHODS

Statistics:

A. _____ out of _____ teenagers gets ________ each year.

B. Each year in the U.S. over ______________ teenagers with get pregnant.

C. ______ in ______ young women will get pregnant at least ____________ in their ____________.

D. In one study of 544 girls, nearly ____________ became pregnant within ____________ after starting sexual intercourse.

E. Teenage Pregnancies:

1. ______________ tandem girls ____________ each year.

2. Babies born to teen mothers have a ____________ risk of serious ________________ problems.

3. The ____________ rate from pregnancy complications is significantly ____________ for girls age ________________.

4. The teen mother is more likely to have a ____________ labor.

5. _________ out of _________ pregnant teens ________________ of school.

6. Teen marriages ____________________ end in ____________________.

7. _________ out of _________ teens are pregnant when they get _____________.

Considerations:
A. ____________________ children born yearly
   1. In 1991 world population was between ______ billion.

B. There is no method of contraception that is ____________________ for every woman all the time.
   1. 1st consideration: ____________________
   2. 2nd consideration: ____________________
   3. 3rd consideration: ____________________
   4. 4th consideration: ____________________
   5. 5th consideration: ____________________

C. Definition of Effectiveness:
   1. Based on the number of ________________ pregnancies in women using that method.

D. Methods:
   1. The Oral Method (The Pill) was first used in ____________________.
a. Prevents ___________. No eggs are released by the ___________.
b. Take one pill each day for ________ days.
c. She will start her ________ day ________ to ________ days after her _________.
d. Start ____________ pill on ________ day regardless.
e. Take pill at the ____________.
f. If the women ________ the pills are ____________ dangerous.
g. There is a significant ____________ in ____________ disease.
h. Pill is also prescribed for the following reasons:
   1) ____________
   2) ____________
   3) ____________
   4) ____________
   5) ____________
i. An examination for the pill should include:
1) ____________ smear for ____________.
2) ____________ for ____________.
3) ____________ pressure.
4) ____________ history.
5) ____________ test.

j. NEVER GET PILLS FROM A DOCTOR OR CLINIC WHO DOESN'T GIVE A THOROUGH ____________.

2. ____________, ____________,
    ____________.

a. The most common I.U.D. is called the ____________.

b. May be left in place ____________.

c. Effect of I.U.D. on menstruation: May cause:
   1) ____________
   2) ____________
   3) ____________

d. Some women's bodies ____________ expel the I.U.D.

e. Prevents ____________ of the ____________ on the uterine lining.

f. Does not prevent ____________.
3. Diaphragm
   a. Must be ________________________ by a doctor.
   b. Inserted into the _________________ in order to _________________ the _________________.
   c. Ineffective unless used with ________________________.
   d. After intercourse shouldn’t be _________________ for at least ________________________.
   e. If there is any _________________ weight _________________ or loss of _______ pounds or more the woman should be ________________.

4. Foam ________________________.
   a. Don’t need a ________________________.
   b. It blocks the opening in cervix with a _________________ cream plus it has a _________________ that _________ the sperm.
   c. The recommended dosage for best protection is: ________________
application right before

Don't douche for ____________ after sex.

Foam does kill the ____________virus before it enters the ____________.

5. CONDOM

Similar in effectiveness to the ____________.

Combined with foam ________effective.

Offers ______ protection against STDs ______%

Combined with foam ________% effective in reducing chances on contacting ________virus.

6. RHYTHM

A woman's fertile period each month, is from ________ to ________ days.

Intercourse is to be ________ on the fertile days.

Determining when ovulation or the fertile time occurs involves:

Taking ________ first thing every ____________________.
1) _______ shift in temperature indicates _______________.
2) _______________ temperature changes
3) Ovulation may occur ____________.

7. BIRTH CONTROL MISCONCEPTIONS
1) Taking a _______________ bath.
2) _______________ rope.
3) Taking a _______________.
4) Breast _______________.

8. Poor methods:
1) _______________.
2) _______________ coitus interruptus.
3) _______________.

9. There is an H.S.L. ____________ test that is ____ percent accurate in determining the ____________.

STERILIZATION: The permanent _______________.
A. Leading method of birth control among couples married ____________________________ years.
B. Ranks _______________ only to the pill among younger users.
C. _________ times more effective than the ___________.

60
Methods of sterilization:

A. Tubal Ligation
   1. Tubes are ______, ________, or cauterized.
   2. The woman still experiences her ________.
   3. Can be done under ____________ anesthesia on an ____________ basis.

B. Laparotomy
   1. Involves a ____________ abdominal ____________ followed by the ____ or ____________ of the tubes.
   2. Usually requires a _______ day ____________ stay and ____________ weeks of recovery.

C. Laparoscopy
   1. Commonly called ________________ or ________________ sterilization.
   2. Takes _______ to _____________ minutes.
   3. Abdomen first inflated with _________ gas to created an _________________ view for the doctor.
D. Tubal Occlusion:
1. 
2. Requires no ____________________.
3. Uses only ____________________
anesthesia.
4. Takes ____________ minutes in the
   ____________________
5. Done through the ____________________.
6. Doctor inserts a ____________________
instrument called a ____________________
   through the vagina and ____________________
   into the ____________________
   a. A ____________________ plastic tube
goes through a channel of the
   hysteroscope and into the opening of the
   ____________________.
   b. Then a ____________________ of silicone
are ____________________ through the tube
and becomes ____________________ in about
   ____________ minutes.
   c. The same procedures is repeated for the
   ____________________ tube.
   d. Same effectiveness as
   ____________________ and
   ____________________.
E. Vasectomy

1. As of __________ more than __________ American men had a vasectomy.

2. The operation usually takes between ________ to ________ minutes and is done under ________ anesthesia, in a doctor's office.

3. A small incision is made in the upper ________________, and the ________ is pulled out, ________ and __________.

4. Both vas deferens are ________________.

5. ________________ needs to be continued for ________ to ________ weeks after a ________________, or until __________ samples contain no ________________.
SEXUALLY TRANSMISSIBLE DISEASES

A. Definition: ________________________________

______________________________.

B. Pandemic:

1. __________ out of __________.

C. Average age of infection: ________________.

D. ______ out of every ______ persons who get syphilis, will end up with permanent

__________, ____________, or ____________ damage.

E. Incurable strain of S.T.D. ________________.

F. ________________ first discovered to be effective against V.D. in ________________.

G. Misconceptions:

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

5. ________________________________

CHLAMYDIA:

A. ________________ S.T.D. in the nation.

B. ______ million cases each year, resulting in

______________ cases of P. __________

I. ______________________________ D. __________________ each year.
C. P.I.D. is the leading cause of _____________ in women today.

D. Treatment: ________________________________.

E. Transmission: ________________________________.

F. Symptoms in Women: ________________________________.

G. Symptoms in Men: ________________________________.

GONORRHEA:

A. Symptoms in male: ________________________________.

B. Symptoms in female: ________________________________

1. __________ million women have the infection and are unaware of it.

2. _________ half will have a ____________ just to save their ____________.

3. Major cause of _________________ in women today.

C. Causative Agent: ________________________________.

which is a ________________________________.

D. Transmission: ________________________________.

1. ________________________________ new cases each year.

E. Results of untreated Gonorrhea: __________

______________________________,______________________________.
F. Treatment: ________________________________.
   1. ________________________ _ million units.
   2. Shots ________________________________.
   3. When administered: ____________________.
   4. Drug of choice: ________________________.
   5. Alternative drug: ________________________

G. Test: ________________________________

H. No symptoms: ________________________________
   1. ________________________ male.
   2. ________________________ female.
I. ________________________ increases chance of gonorrhea.

Herpes simplex II

A. The new venereal disease: ________________.
   Americans affected.
   1. ________________________ new cases each year.

B. Symptoms:
   1. first: ________________________________.
   2. second: ________________________________.
   3. males: ________________________________.
   4. females: ________________________________

C. Causative agent: ________________________________
D. Transmission: ________________________, as well as ______________________.

1. Herpes virus can survive _______ to _______ hours on __________________ or _______ hour on cotton. Thus ___________________ and ___________________ can transmit herpes.

E. Diagnosis: ____________ and ______________

F. Stages:

1. ________________ appear then ________________ in _______ to _______ days.

2. Virus then _______ inside _______ cells.

3. Can reappear when there is ________________ resistance.

4. i.e. ________________, ________________, ________________, ________________.

G. Duration: _______________________!

H. Treatment: ____________________________
cure.

1. ________________, drug used to relieve _____________________.

2. Soak in _______________________ solutions.
I. Effects: ___________ cancer, ___________
______________, ________________.

J. ___________ of infant herpes ___________
had herpes with no_______________________.

K. Can lead to _________________________ cervix.

SYPHILIS

A. In ______________ there were
_________ new cases. A ______% increase.

B. ________________ serious
than____________________ because it can attack
____________________ of the body

C. Symptoms: very ________________.
i.e._______________, _________________,
_____________________

D. ______________ primary lesion: __________
sore that doesn’t __________________.

E. ______________ secondary lesion: __________
____________________. Also ________________.

F. Causative agent: Name ____________________
1. Spread throughout the body in __________
weeks.

G. Test: ________________________________

H. Transmission and treatment same as __________
______________________________.
1. ___________, if person has a chancre in the mouth.

I. Stages:
   1. Primary Occurs: ________________.
   2. Secondary Occurs: ________________.
   3. Late Occurs: ________________.

J. Passed from mother to child: ________________

K. Famous men who have been affected by or died from Syphilis:
   1. ________________ 5. ________________
   2. ________________ 6. ________________
   3. ________________ 7. ________________
   4. ________________ 8. ________________

AIDS:______________________, _______________________
       ______________________, _______________________

A. __________________ people become infected in the ____________________
B. Worldwide ______ every __________________
   gets ____________________
C. Causes __________________ of ____________________
   system.
D. About _______% of aids victims are________________
       ____________________ men.
E. About 30% are:

1. _____________ drug users.
2. _____________ patients.
3. Recipients of _____________ transfusions.

F. In U.S. first discovered in ____________.

G. Causative agent:

1. a _____________ called ____________.

2. Has been spread through and found in:
   ____________
   ____________
   ____________
   ____________

3. Almost all ____________.

4. Enters body through:
   ____________, ____________,
   ____________, ____________,
   ____________, ____________.

H. Tests:

1. There is no known test for the aids virus.
2. There is a test to determine if the body has built up ____________.
   This is called the ____________.
I. Most victims of AIDS who develop symptoms die within a ____________ year period.

J. A.R.C.

________________________, ______________________
________________________

1. One __________ carry AIDS, and don't know it.

2. They may have __________ symptoms and never develop _______________________.

3. In ________ years _________ to ________% develop _______________________.

4. Or in ________ months develop AIDS or AIDS antibodies. __________ test will pick it up.

K. Symptoms:

1. __________________________, __________________________
________________________, __________________________
________________________ lymph nodes in __________________________,
________________________ and __________________________.

2. Kaposis Sarcoma: __________________________
________________________.
L. Aids, Hepatitis B, and Herpes virus:

1. _____ times smaller than a sperm and can penetrate ______________ especially lambskin.

2. Latex condoms and ___________________________ kills aids ___________________________.

M. _____ % cases in ___________________________
   _____ % cases in ___________________________
   _____ % cases in ___________________________

N. __________________________ virus also found in __________________________,
   __________________________,
   __________________________ and __________________________. Yet it is not __________________________.

1. It is similar, but has major __________________________.

O. Hotline: 1-800 FOR AIDS

a. Located in San Francisco
EMBRYOLOGY/FETOLOGY

The Secret World of the Unborn Baby

The nucleus contains the ________________ code.

There are 23 sets of __________________________
located in the ________________________________.

The genes are located on the ________________.

Genes determine ________________ characteristics.

They come two ways ________________ and
______________.

Within a week what has happened to the two original
cells?

______________________________

______________________________.

Before the embryo attaches to the mother where does it
get its food?

______________________________

______________________________.

When the baby moves into his mother’s womb, he becomes
______________.

The exchange of food and oxygen between mother and baby
takes place here:

______________________________.

What happens to the amniotic fluid (water) as the baby
grows larger? ____________________________.
Where does the baby get oxygen? ____________________________

This structure is 20 to 44 inches long: ____________________________

List 3 reasons why the answer to the above question cannot be knotted.

1. ____________________________
2. ____________________________
3. ____________________________

In The Womb:
There is no ____________________________.
The Fetus is ____________________________.
The temperature is ____________________________.

Sound, sight, and rhythm:
Name 4 things that the baby can hear while in the womb.

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________

What type of vision does the unborn baby have?
______________________________.

After the baby is born, what will the baby respond to first?
______________________________.
Tiny babies are always attracted to the

__________________________ before the

__________________________.

What sound is most familiar to the unborn baby?

__________________________.

Quick jerks from the unborn baby is a way the baby expresses his

__________________________.

How long do unborn babies sleep ________________.

Eating and Crying:
The mother does not need to eat ________________

__________________________.
The unborn baby's lungs are filled with

__________________________.

If the unborn baby is very active, he may drink

__________________________

__________________________.

It was once thought that unborn babies probably did not feel _________________.
The usual reason for kicking is:

__________________________.

A baby's neck muscle is so weak because______________

__________________________.

Growing:
The baby grows faster than any other time in his life
time between ____________________________.
A full term baby will be approximately ____________ inches long and weigh about ____________________.

What part of the womb offer the most space ____________________________.

______________ out of every 100 babies are born ____________________________.

Every baby has his individual ____________________________.

A baby kicks with his ____________________________.

One of the most comfortable things that the baby runs into is his mother’s ____________________________.

The baby is most comfortable when his mother is in what position? ____________________________.

How It Feels To Be Born:

Name the two distinct parts to the birth of a baby?

1. ____________________ 2. ____________________

The second part of the birth process may last from ____________________________.

What happens to the temperature of the womb during birth? ____________________________.

_____________________________ pulls on him.

What happens to the fluid in the lungs?

_____________________________.
What happens after birth when something tight is put on the baby's head?
GROWTH AND DEVELOPMENT
Blueprint in Chromosomes

I. Facts:
A. __________ million babies born in the U.S. yearly.
B. __________ million babies born in the world yearly.

II. Terms:
A. Chromosomes:
   1. __________ located in __________
      of cell and carry the __________.
B. Meiosis:
   1. __________ of __________ to
      __________ in __________
      and __________.
C. Conception:
   1. Sperm and Ovum __________ in
      __________.
D. Zygote:
   1. First stage of __________.
   2. Takes __________ to __________ hours for first cell __________.
E. Morula:
1. Ball of ____________________.
2. Still present in the ___________tube.
3. Cells are ____________________.

F. Blastula:
1. Ball of many _______________ cells.
2. Located in the ________________.
3. Takes ______ to ______ days.

G. Trophoblast:
1. Group of ____________________
cells that ____________________ the
baby from the mothers
________________ system.

H. Embryology:
1. Study of human _______________
from _____________ to ____________
weeks.
2. _________ weeks __________ long.
3. 3 to 4 weeks
   a. ____________________ heart
   b. ____________________ is present
   c. __________ inches long
   d. __________ buds are the size
      of an ____________ mark!
4. 5 weeks
   a. ______________________

5. 6 weeks
   a. ______________________

6. 6 to 8 weeks
   a. __________, __________ system.
   b. __________ inch long
   c. __________ and eye __________.

I. Fetology:

1. Study of development from the end of the ______ week to __________

2. 12 weeks
   a. __________ long
   b. all __________ present and functioning.

3. 13 weeks to birth
   a. grows in __________ and __________.

4. 14 weeks
   a. __________ thumbs

5. 16 weeks
   a. turns in ________________.
J. Birth Weight
1. Average ______ lbs. _______ inches.

K. Due Date
1. Add _______ days to the _______ day of her last _________.

L. Premature
1. __________________________
   __________________________.
2. ______ die yearly.
3. ______ % of 4 million born in U.S. ______ pounds or less.
4. ______ thousand develop _______ problems.
5. Premise put on _______ immediately.
   a. Tubes inserted into their _________.
6. ______________ is oily substance found in __________ lungs, not in _________.

M. Placenta
1. An ______________ terminal.
2. Covers _______ of the uterus.
3. Approximately _______ inch thick.
N. Umbilical Cord
   1. Attaches _______________ to _______________.
   2. Average length: _______________ inches.
   3. Also _______________.

Q. Amniotic Fluid
   1. Protects against _______________ & _______________.
   2. Replaced every _______________ hours.
   3. Also provides some _______________.
   4. Baby has _______________ plugs.
   5. _______________ is white covering to protect from the _______________.

P. Amniotic Sac
   1. Contains _______________.
   2. Usually _______________ prior to _______________.

Q. Coccyx
   1. _______________ bone.
   2. _______________ during birth.
   3. May have to be _______________ later.

R. Perineal Prep
   1. _______________ pubic hair.
   2. Void _______________.
3. ________________.
4. ________________.

S. Episiotomy
1. Cut in ______________ toward the
   __________ to speed up __________.
2. Stitches used to ______________.

T. After Birth
1. Comprised of _________________
cord, ________________.
   ________________.
2. Weights between __________ to
   __________ pounds.

U. Trimester
1. __________ month periods of time.
2. Pregnancy equals __________
   trimesters.
3. Last trimester take no __________
   because it reduces __________ time.

V. Breach
1. __________ percent born this way.
2. Any birth other than ____________.

W. Caesarian
1. __________ percent born
   __________ section.
2. Surgical removal of baby.
3. The ___________ or upper part of the ___________ is where _______ section is preformed.

4. Sometimes called ________________ caesarian.

5. Caesarian sectioned mothers can choose to have a ________________ delivery if their next pregnancy is progressing ________________.

X. Test Tube Baby

1. Costs ________________ dollars.

2. The odds of success are a ________________ chance.
**BIRTH DISORDERS**

**Definition:**

**Examples:**

**How Many:** _____ out of ______ have significant birth disorders.

_____ thousand children in the ______ are born with ______.

**Occur when:** During the ____________.

i.e. ____________________

**General Categories:**  

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Examples</th>
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<tbody>
<tr>
<td>1. Genetic</td>
<td>______%</td>
<td>______</td>
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<tr>
<td>2. Environmental</td>
<td>______%</td>
<td>______</td>
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<td></td>
<td>from ______</td>
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3. Combination: ______% ______
   and ______
   more common in ______

Specific causes: ________________ tranquilizer.
___________________________
___________________________
___________________________
___________________________ and _______________.

Specific disorders:
1. Congenital Heart Disease:

2. RH Factor:
3. Sickle Cell Anemia:

4. Down's Syndrome:

5. German Measles:
6. Phenylketonuria:

7. Lee's Disease:

8. Tay-Sachs Disease:
9. Spina Bifida:

10. Thalassemia:

11. Polio:
12. Cleft Lip and Palate:

13. Clubfoot:

14. Genital Herpes:
Prevention:

a. 

b. 

c. 

d. 

e. 

f. 
"THE RIGHT TO BE WELL BORN"

A. ________________________, sometimes called Mongolism, can result in a severely retarded child.

B. One out of ______ babies are born with Down's syndrome.

C. The concept of Fetology is__________________.

D. Amniocentesis: ________________________.

E. A baby with Down's has ______ chromosomes.
   The normal baby has ________________.

F. The abnormality may occur in __________ races.

G. The ideal age for child bearing is between _____ & _____.
   The lowest incidence of Down's occurs at this time.

H. Girls younger than 18 are more likely to have problem pregnancies beca-
   use ____________________________.

I. Genetic defects can be diagnosed by ________________________.

J. Amniocentesis is usually performed between the _____ and ______ weeks of pregnancy.

K. If the fetus is found to be defective, the parents have two options: _______ or _______.
L. The majority of serious hereditary diseases are recessive. To be transmitted, ________ parents must be a ________________ of harmful genes.

M. ________ is a genetic disease which causes an accumulation of fats in the brain. It involves an ________________ deficiency.

N. ________ % of children with Tay-Sachs disease are of ________________ descent.

O. Amniocentesis can also determine the ________ of the fetus.

P. Sex can be determined by the concentration of ________________ in the ___

Q. In most cases, hemophilia is only transmitted to the ________________ child.

R. ________________ is a genetic disorder where a ________________ mucous accumulates in the lungs. This disease ________________ be diagnosed by ________________.

S. The viral infection ________________ has produced thousands of deformed babies when contracted by the mother ________________ in ________________.

T. Amniocentesis can also determine the age of the ________________.
U. Scientists now find that it is possible to give the fetus _____________ by injecting then into ________________ fluid.

V. Amniocentesis may begin to guarantee the right to be ________________ born.
ABORTION
P.O.C.
P. ________________ of C. ________________

I. Definition: ________________________________

A. Some countries have more ____________ than live births.
   1. i.e.
      __________, __________, __________, __________.

B. Legalized in ________________.
   1. First 3 months on ________________.
   2. Next 3 months with ________________, up to ________________ weeks.
   3. ________________ before birth if mothers health is in ____________.

C. Part of Supreme Court decision based on: ________________________________ child.
   1. Theory: ________________________________
      ________________
      ________________

D. Finding of Doctor Edward Lenoski, professor of pediatrics University of Southern California:
   ________________________________
### Conclusion:

### II. Incidence:

#### A. California

<table>
<thead>
<tr>
<th>Year</th>
<th>Under 15</th>
<th>15 to 19</th>
<th>20 to 24</th>
<th>25 to 29</th>
<th>30 to 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td></td>
<td></td>
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</tbody>
</table>

#### 1. Age

<table>
<thead>
<tr>
<th>Under 15</th>
<th>15 to 19</th>
<th>20 to 24</th>
<th>25 to 29</th>
<th>30 to 34</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

#### 2. Racial

<table>
<thead>
<tr>
<th>White</th>
<th>Hispanic</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Single:

#### 4. Time performed:

- 9 weeks or less: ________%
- Between 9 and 13 weeks: ________%

#### 5. Cost:

Approximately ________ per procedure.

- ________ to ________% paid for by the ________.

#### B. Worldwide:

1. In 1971: ____________________

#### C. United States:

1. In 1990: ____________________
D. Live Births: ____________________.
   1. ________ abortions per ________
      live births.

III. Reasons
   A. First group ____________ percent.
      1. ____________________________.
      2. ____________________________.
      3. ____________________________.
      4. ____________________________.

   B. Second group ________________ percent.
      1. ____________________________.
      2. ____________________________.
      3. ____________________________.
      4. ____________________________.

IV. Death Rate:
   ______________________ per ______________
   done.

V. Medical Procedures:
   A. _________________________ Aspiration.
      1. ________ to _________ months.
      2. ____________ times stronger than
         average ________________.
      3. Procedure:
         ____________________________
4. Responsible for ________ out of ________ abortions done.

B. ________ and ________.
   1. ______ to ______ months.

2. Procedure:
   __________________________________________
   __________________________________________

C. ________ induction.
   1. ______ to ________ months.

2. Procedure:
   __________________________________________
   __________________________________________
   __________________________________________
   a. __________________________
      hormones injected into
      ________ sac after
      the salt is injected to prevent
      __________________________
   b. Salt solution is ________%.
      Sea water is ________%.

D. __________________________:
   1. ________ to ________ months.
2. Procedure:

2.1

E. Miscarriage:

1. Non ___________ or ___________

VI. Inconsistencies:

A. Can't Live______________________

Can Live ___________________

B. Murder ______________________

Not Murder ___________________

C. Religious View

VII. Debate: _______% for and _______% against.

A. Pro view ______________________

Con view ___________________

B. Pro view ______________________

Con view ___________________
C. Pro view


Con view


VIII. Legal Dilemma:


IX. Position changes:

A. American Medical Association


B. ________ states abortion was a

__________.

C. Planned Parenthood:

1. Founder

strongly abortion.

a. When died organization

__________ position.